

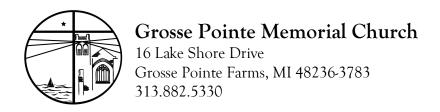
## Note: Each child needs 2 POAs:

- (1) September 2023 March 2024
- (1) March September 2024

## LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent September 15, 2023 - March 15, 2024

Name of Dependent:	Birth date:
Allergies/Illnesses:	
Medications being taken:	
I hereby grant to the following individuals:	
Pointe Memorial Church (U. S. A.), 16 (313) 882-5330, the Limited Power of consents and authorizations for travel and	Sayar, or any of the designated Advisors of the Grosse Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, Attorney to act for me by giving the required for the delivery of necessary medical care, diagnoses and o do all other necessary things as I might or could do if or this Power of Attorney.
Estates and Protected Individuals Code, as an	ant to the provision of P.A. 1998 No. 386, Section 5103 of the nended, and is effective September 15, 2023 – March 15, 2024. I neutred for medical treatment for the above-named child.
Signature of Parent or Legal Guardian	Relationship to child Date
Street Address	City, State, Zip
Phone: Home	Work:
Parent Cell	Parent Cell
Health Insurance Company	Policy Numbers:
Emergency Contact's Name	Relationship to child
Best Phone Number	Backup Phone Number



## Note: Each child needs 2 POAs:

- (1) September 2023 March 2024
- (1) March September 2024

## LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent March 16, 2024 - September 16, 2024

Name of Dependent:	Birth date:
Allergies/Illnesses:	
Medications being taken:	
I hereby grant to the following individuals:	
Pointe Memorial Church (U. S. A.), 16 (313) 882-5330, the Limited Power of consents and authorizations for travel and	Sayar, or any of the designated Advisors of the Grosse Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, Attorney to act for me by giving the required d for the delivery of necessary medical care, diagnoses and to do all other necessary things as I might or could do if the ler this Power of Attorney.
the Estates and Protected Individuals Code,	rsuant to the provision of P.A. 1998 No. 386, Section 5103 of as amended, and is effective March 16, 2024 – September 16, expenses incurred for medical treatment for the above-named child.
Signature of Parent or Legal Guardian	Relationship to child Date
Street Address	City, State, Zip
Phone: Home	Work:
Parent Cell	Parent Cell
Health Insurance Company	Policy Numbers:
Emergency Contact's Name	Relationship to child
Best Phone Number	Backup Phone Number